Health Reform: Closing the Gaps in Women's Health and Health Coverage

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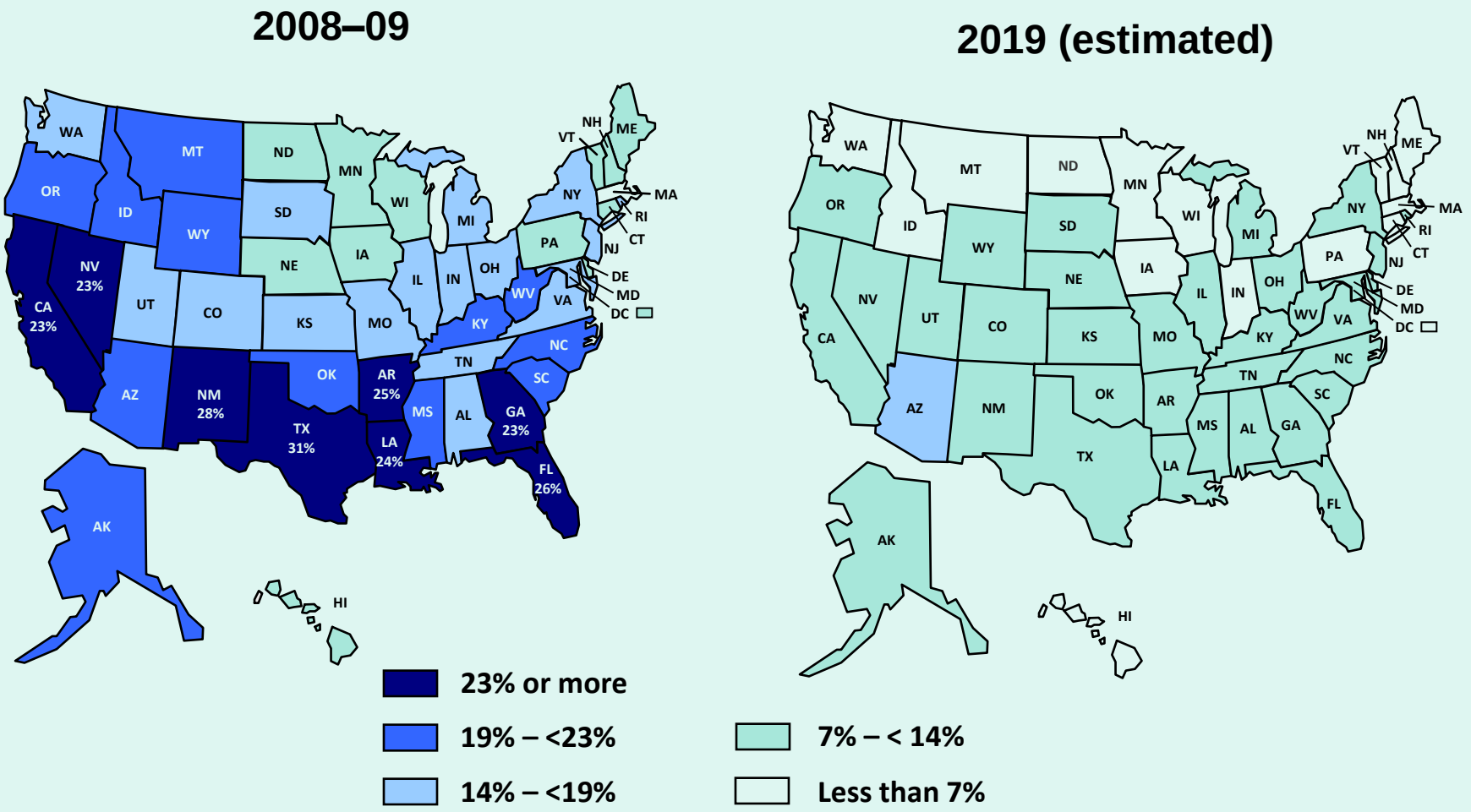
Why Women Need Health Reform

Exhibit 1. The Impact of Health Reform: Percent of Women Ages 19–64 Uninsured by State



Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey (CPS: Annual Social and Economic Supplements), available at www.statehealthfacts.org, "Health Insurance Coverage of Women 19–64, states (2008–2009)." Estimates for 2019 by Jonathan Gruber and Ian Perry of MIT using the Gruber Microsimulation Model for The Commonwealth Fund.

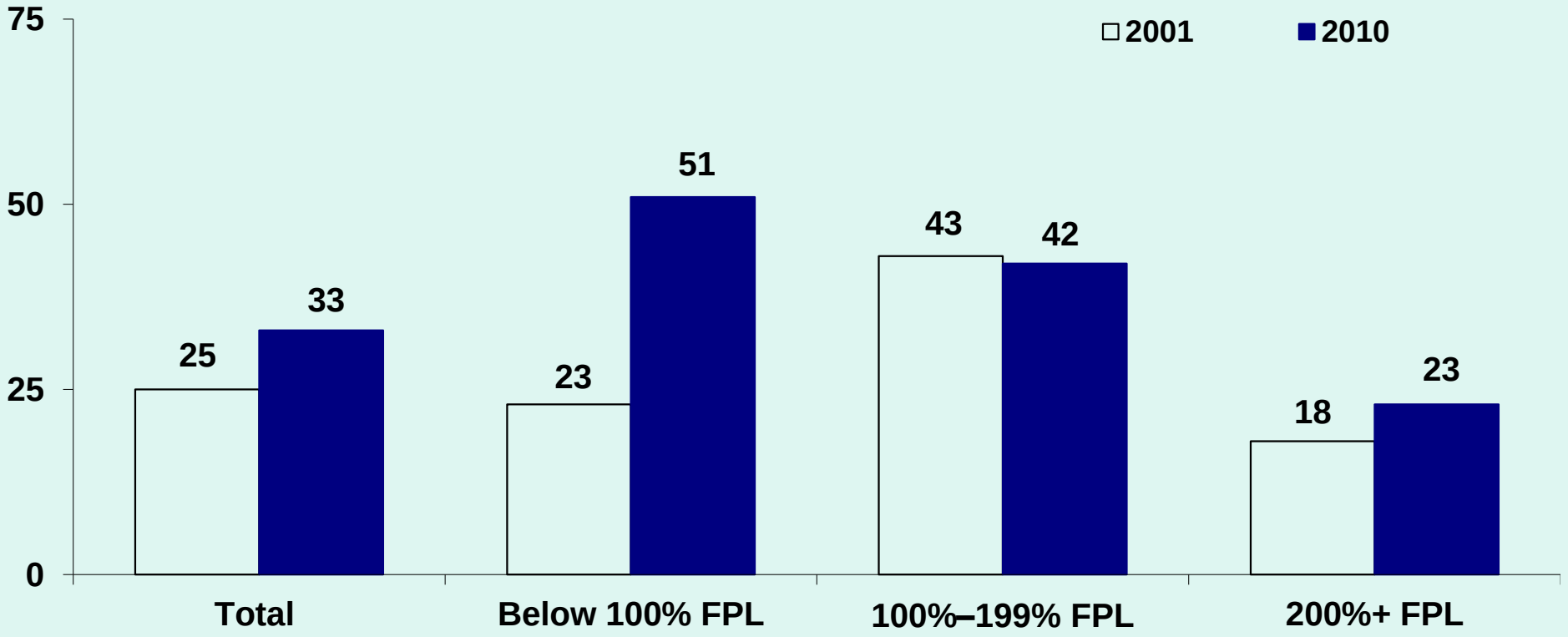
Exhibit 3. Women Struggle to Find Affordable Coverage in the Individual Market

Women ages 19–64 with individual coverage* or who tried to buy it in past three years and:	Total	Health problem**	No health problem	<200% FPL	200%+ FPL
Found it very difficult or impossible to find coverage they needed	46%	55%	34%	47%	40%
Found it very difficult or impossible to find affordable coverage	60	74	44	64	54
Were turned down, charged a higher price because of health, or had a health problem excluded from coverage	33	44	21	39	30
Any of the above	71	85	55	77	65
Never bought a plan	53	64	39	64	40

Note: FPL refers to Federal Poverty Level.
* Bought in the past three years.
** Respondent rated health status as fair or poor, has a disability or chronic disease that keeps them from working full time or limits housework/other daily activities, or has any of the following chronic conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma, emphysema, or lung disease; high cholesterol.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2010).

Exhibit 4. The Share of Women Spending 10 Percent or More of Their Income on Health Care Climbed over the Past Decade, Especially for Women with Low Incomes

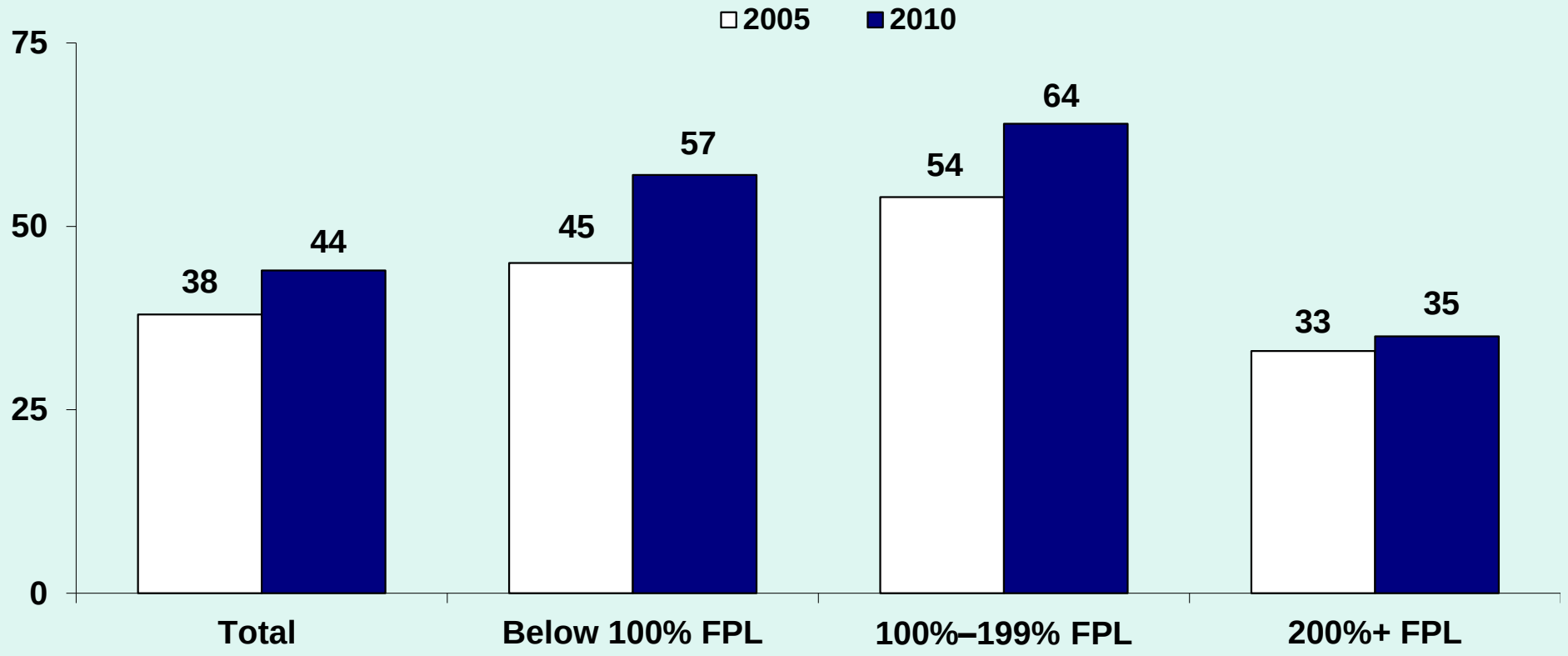
Percent of women ages 19–64 who spent 10% or more of household income annually on out-of-pocket costs and premiums*



Note: FPL refers to Federal Poverty Level.
* Base: Women who specified income level and private insurance premium/out-of-pocket costs for combined individual/family medical expenses.
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001 and 2010).

Exhibit 5. Growing Numbers of Women Are Affected by Medical Bill and Debt Problems

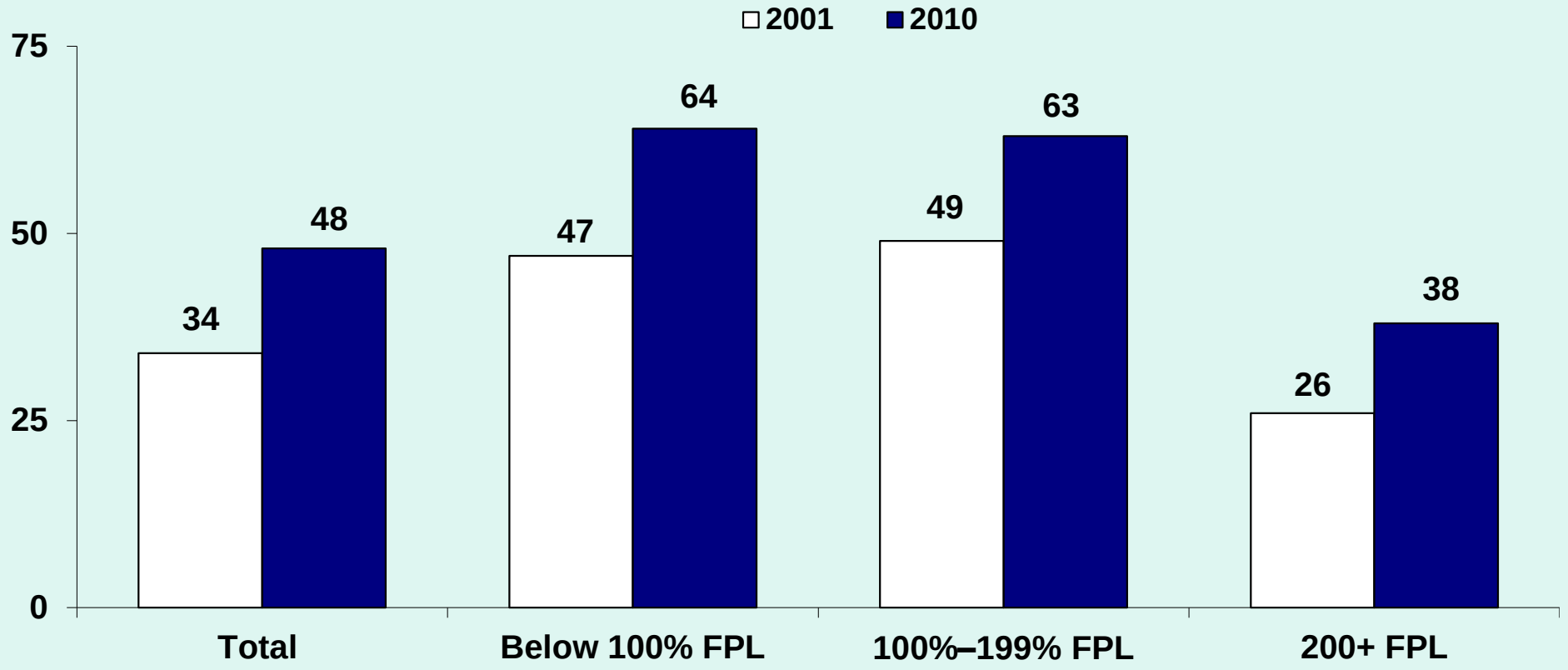
Percent of women ages 19–64 with medical bill problems or accrued medical debt*



Note: FPL refers to Federal Poverty Level.
* Had problems paying medical bills, contacted by a collection agency for unpaid bills, had to change way of life in order to pay medical bills, or has outstanding medical debt.
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2005 and 2010).

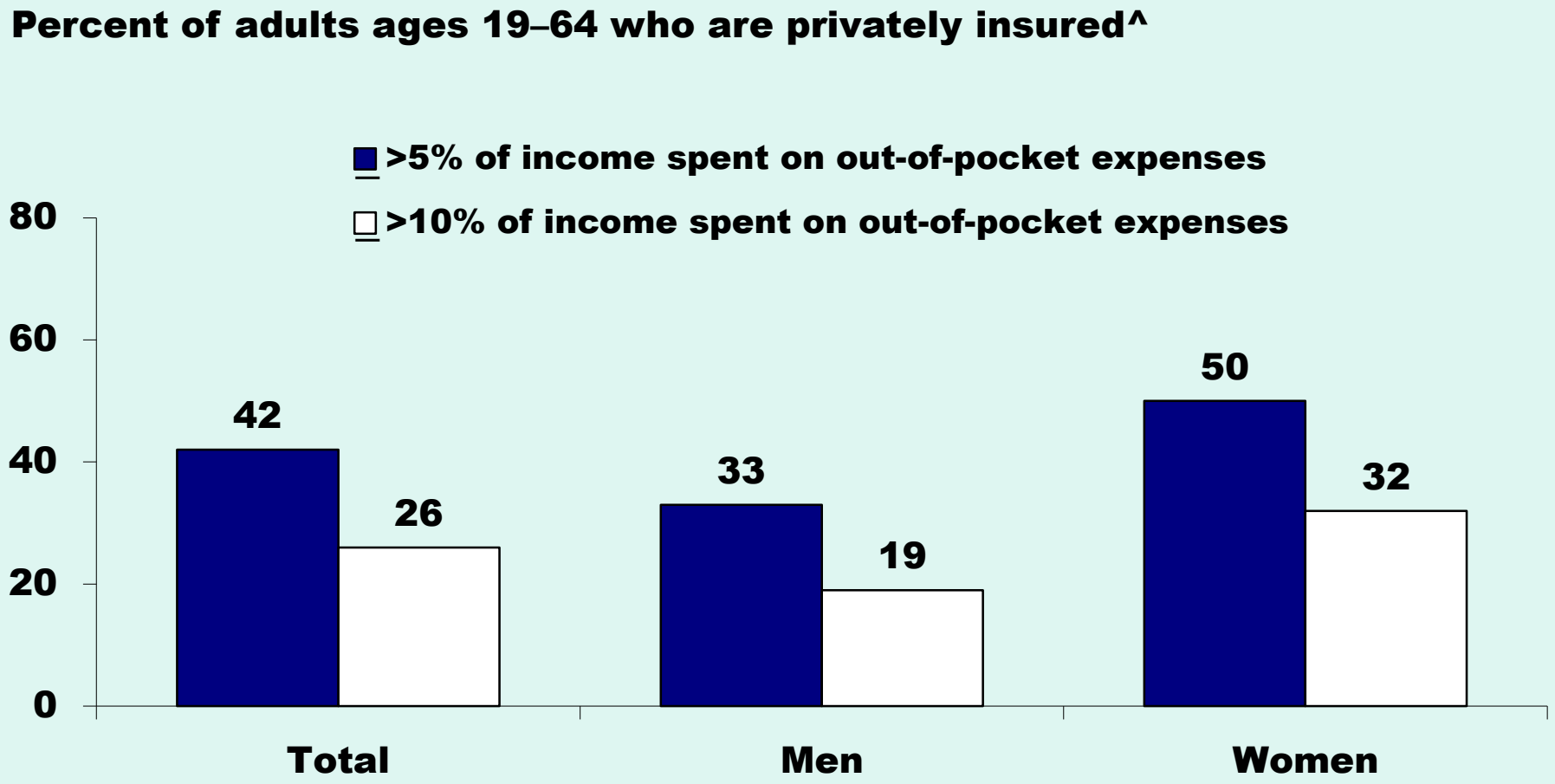
Exhibit 6. Problems Accessing Needed Care Worsened for Women Across the Income Spectrum over the Past Decade

Percent of women ages 19–64 who had any of four access problems* in past year because of cost



Note: FPL refers to Federal Poverty Level.
* Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001 and 2010).

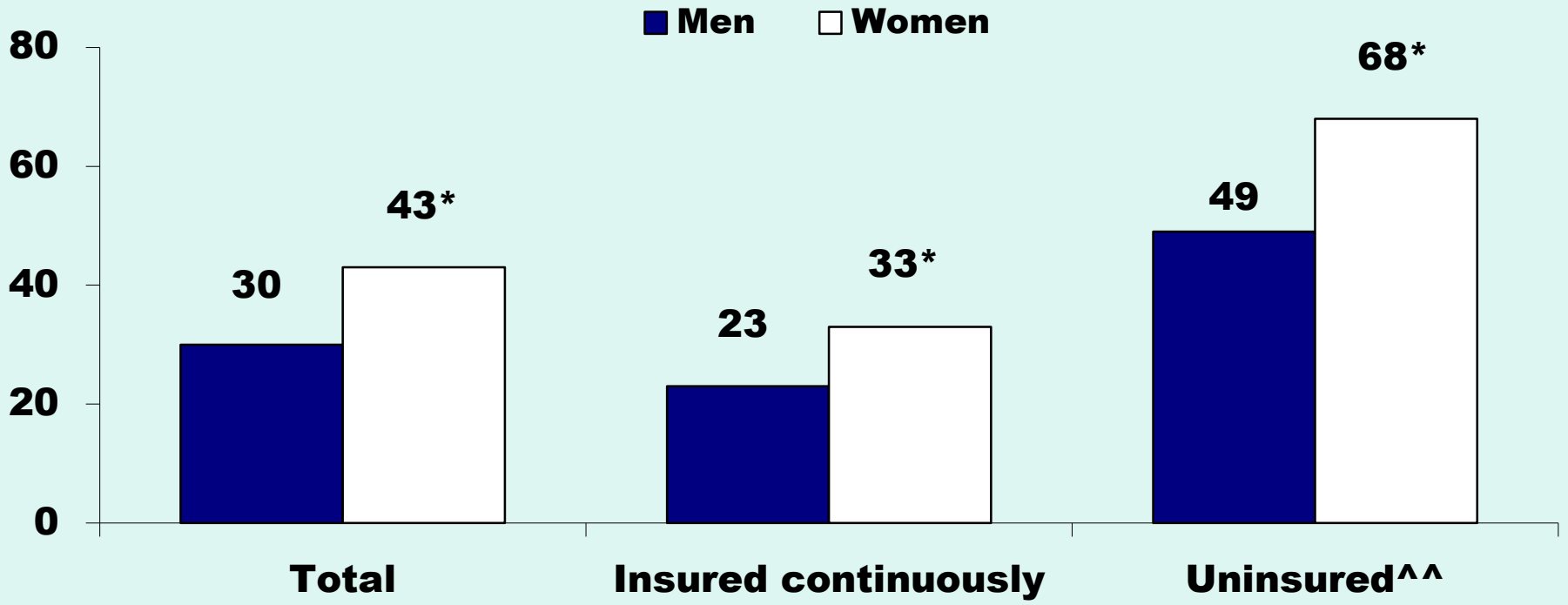
Figure 5. Percent of Income Spent on Family Out-of-Pocket Costs and Premiums



^ Employer-sponsored or individual insurance.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 6. Women Are More Likely Than Men to Have Cost-Related Access Barriers

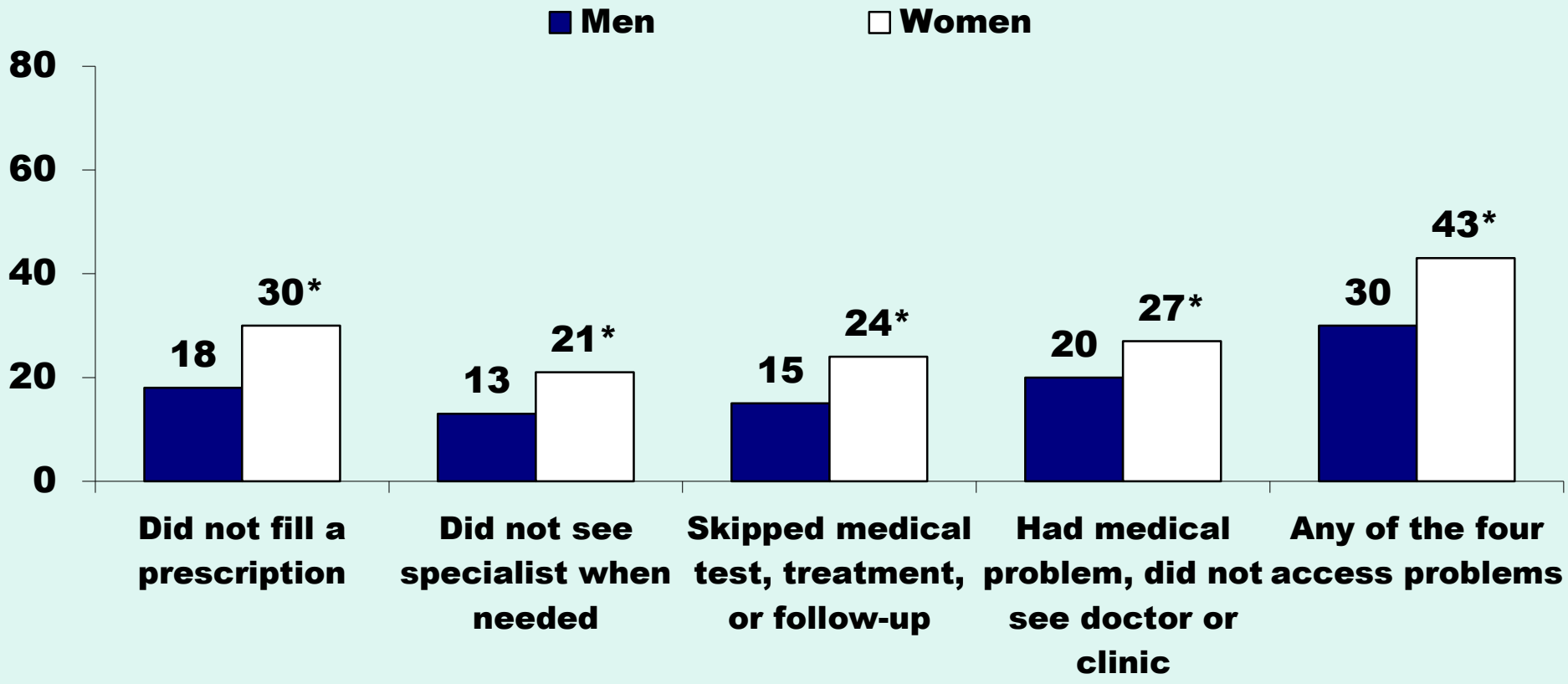
Percent of adults ages 19–64 who have difficulty accessing health care^



* Difference between men and women is significant at p ≤ 0.05 or better.
^ Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
^^ Uninsured combines currently uninsured and currently insured but had a time uninsured in the past 12 months.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 7. Women Are More Likely Than Men to Have Access Problems in Past Year Because of Cost

Percent of adults ages 19–64 reporting the following problems in past year because of cost

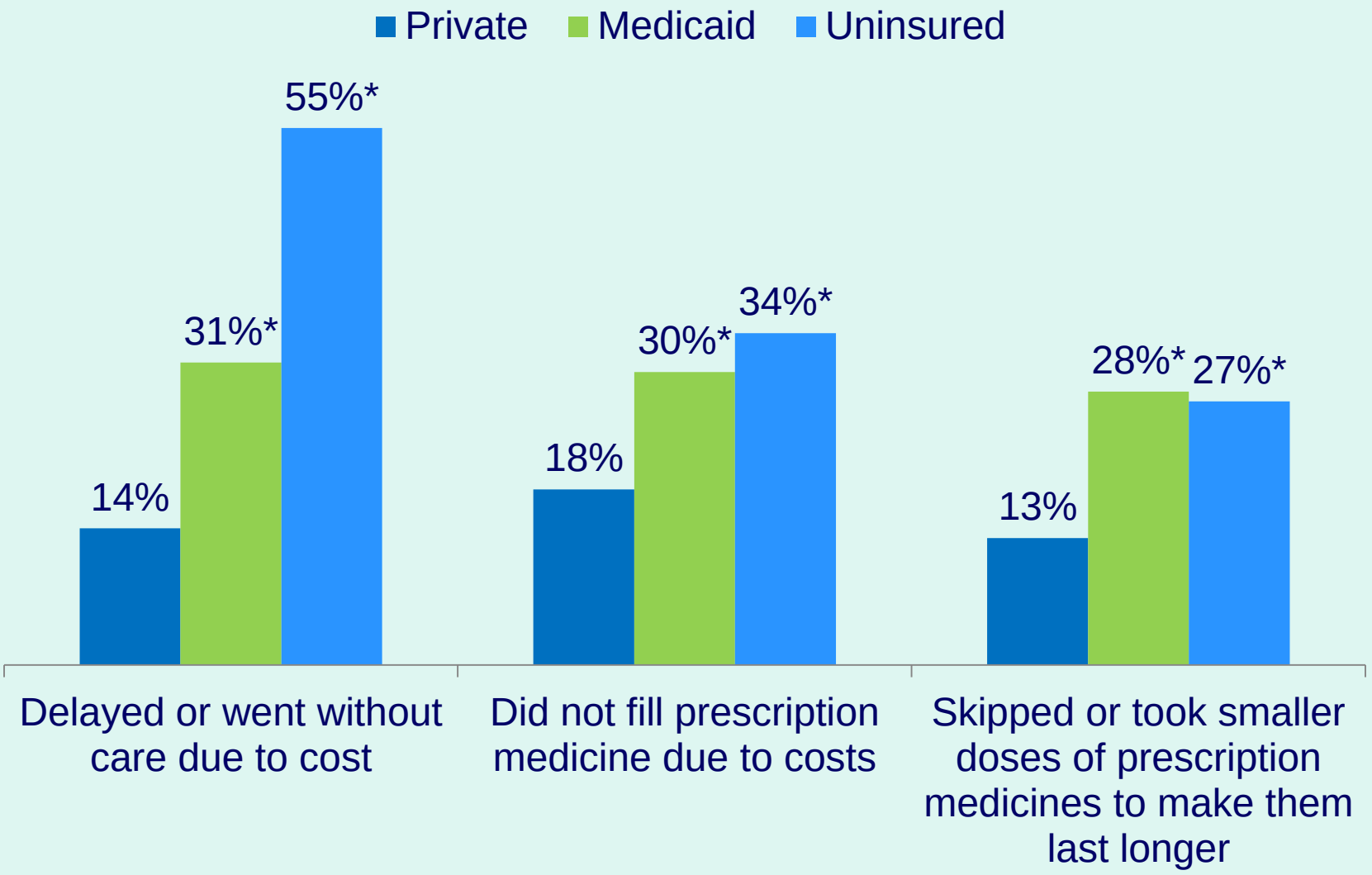


* Difference between men and women is significant at $p \leq 0.05$ or better.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 17

Costs are Often a Barrier For Many Women, Regardless of Insurance Type



Source: Ranji and Salganicoff, *Kaiser Women's Health Survey*, 2008. *Significantly different from Private, p<.05.

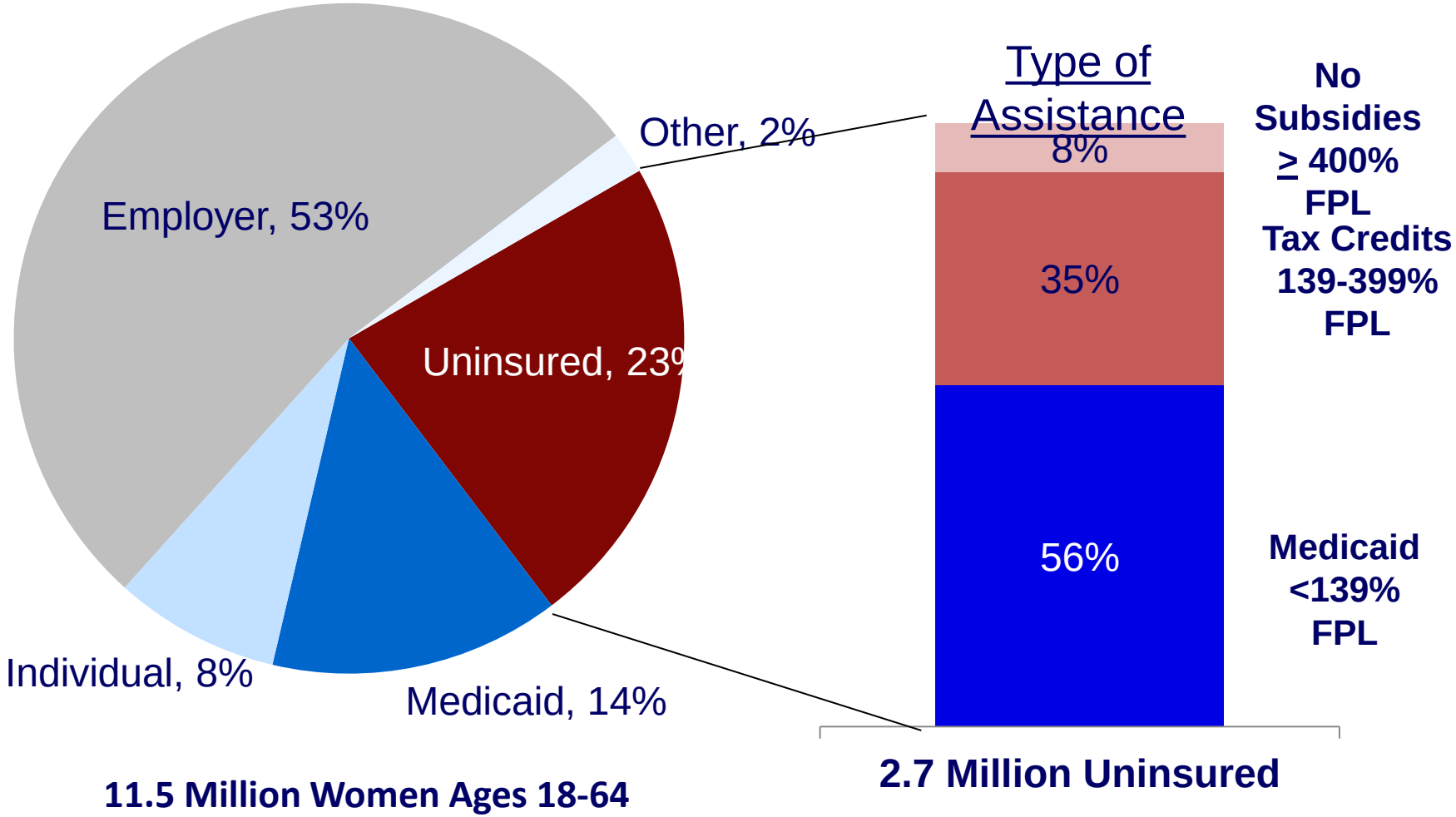
Women Need Health Care Reform

- Health reform closes gaps in health coverage for women
- Expands coverage
- Eliminates the gender penalty of gender rating and higher premiums
- Prevents denials in coverage due to pre-existing conditions
- Guarantees coverage

Figure 3

Figure 1

Projected Expansion and Assistance For Uninsured Women in California



"Other" includes programs such as Medicare and military-related coverage. The federal poverty level for a family of four in 2010 was $22,050.
Source: KFF/Urban Institute (UI) tabulations of 2010 and 2011 ASEC Supplement to the CPS revised data. UI analysis of 2011 ASEC Supplement to the CPS, U.S. Census Bureau

The 5 Best Policy Changes in Health Reform that Improve Health Coverage for Women

5 Best Policy Changes in Health Reform

- No Gender Rating Discrimination Against Women (2014)
- No Denial of Coverage Due to Pre-Existing Condition (2010)
- No Lifetime Cap on Coverage (2010)
- No Annual Cap on Coverage (2010)
- Preventive Services for Women without Co-sharing (August 2012)

Gender Rating Discrimination

Eliminates Gender rating by health plans that result in charging women higher premiums at all ages (2014):

- 42 states allow individual coverage to charge women more for coverage.
- 38 states allow premiums to be based on gender.
- Companies with mostly women have higher cost
- California outlawed gender rating.

Pre-Existing Condition Denial

Elimination of pre-existing condition denials by health insurance plans (Aug 2010):

- No denials for coverage based on current or prior existing health conditions.
- Guarantee Issue: Health plans must take all people regardless of health status.
- Guaranteed health coverage!

Lifetime Cap on Coverage

Elimination of lifetime cap of expenditures and coverage for all health plans (Sept 2010):

- Health plans can no longer limit the total expenditures for lifetime coverage
- Health plans can no longer terminate coverage when person exceed lifetime cap
- Pricing of premiums can no longer vary due to the amount of the lifetime cap.

Lifetime Cap (cont.)

- How much coverage is subject to lifetime caps in the US?
- 62% of large firms
- 52% small firms
- 90% individual market coverage
- 74% of plans have $2 million lifetime cap
- 24% of plan have $1-2 million lifetime cap
- 2% of plans have >$1million lifetime cap

Annual Cap on Coverage

- Elimination of annual cap on expenditures that health plans impose (Sept 2010):
- Health plans can no longer put limits on annual expenditures
- Health plans can no longer refuse to pay for services otherwise covered.

Annual Cap (cont.)

How many plans nationwide impose annual caps?

- 8% of large firms
- 14% of small firms
- 19% of individual plans

Benefits

Benefits Terminology

- Essential Benefits
- Preventive Benefits for Women
- Benchmark Benefits

Essential Benefits

Essential Benefits are the basic benefits defined by the Federal Secretary of Health and Human Services :

- Required benefits for all new public and private coverage under health reform (except grandfathered plans, before 2010)

- All plans offering coverage through the Health Exchange must offer same benefits inside and outside the Exchange-- 133%FPL—400%FPL

Preventive Services for Women

Preventive services for women are newly created preventive services for women that are mandated to be offered by **all** public and private insurance except Medicaid.

- These services were gaps in services for women.
- These services were determined by IOM and adopted by HHS Secretary.
- No cost sharing for services

Benchmark Benefits

Benchmark benefits are the basic benefits that are required benefits in all coverage offered to the Medicaid Expansion group of newly eligibles 133%FPL -200%FPL.

- This newly eligible group will either get coverage through the Exchange or a state created basic health plan—that is yet to be determined in CA.
- Bill in Legislature.

Essential Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Mental health and substance use disorder services; including behavioral health
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive services with A or B recommendation from the US Preventive Services Taskforce and vaccines.
- Chronic disease management
- Pediatric services including vision and oral care.

Figure 10

Adult Preventive Services to be Covered by Private Plans Without Cost Sharing

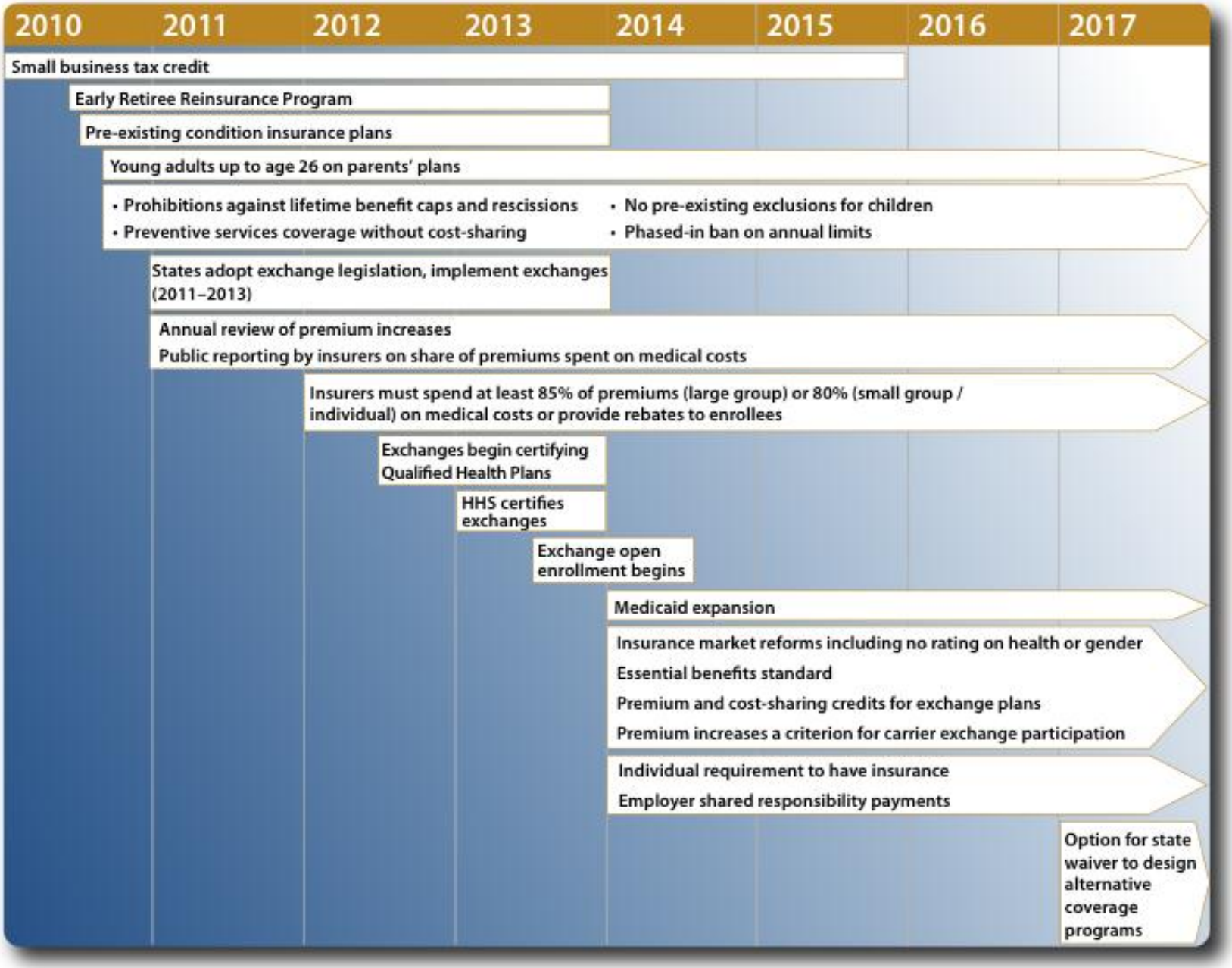
Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
✓Breast Cancer – Mammography for women 40+* – Genetic (BRCA) screening and counseling – Preventive medication counseling ✓Cervical Cancer – Pap testing (women 18+, – High-risk HPV DNA testing ♀ ✓Colorectal Cancer - One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy	✓Cardiovascular health - Hypertension screening - Lipid disorders screenings - Aspirin ✓Type 2 Diabetes screening (adults w/ elevated blood pressure) ✓Depression screening (adults, when follow up supports available) ✓Osteoporosis screening (all women 65+, women 60+ at high risk) ✓Obesity Screening (all adults) Counseling and behavioral interventions (obese adults)	✓Td booster, Tdap ✓MMR ✓Meningococcal ✓ Hepatitis A, B ✓Pneumococcal ✓Zoster ✓Influenza, ✓Varicella ✓HPV (women 19-26)	✓Alcohol misuse screening and counseling (all adults) ✓Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease) ✓Tobacco counseling and cessation interventions (all adults) ✓Interpersonal and domestic violence screening and counseling (women 18-64)♀ ✓Well-woman visits (women 18-64) ♀	✓Tobacco and cessation interventions ✓Alcohol misuse screening/counseling ✓Rh incompatibility screening ✓Gestational diabetes screenings♀ - 24-28 weeks gestation - First prenatal visit (women at high risk for diabetes) ✓Screenings - Hepatitis B - Chlamydia (<24, hi risk) - Gonorrhea - Syphilis - Bacteriurea ✓Folic acid supplements (women w/repro capacity) ✓Iron deficiency anemia screening ✓Breastfeeding Supports - Counseling - Consultations with trained provider♀ - Equipment rental♀	✓STI and HIV counseling (adults at high risk; all sexually-active women♀) ✓Screenings: - Chlamydia (sexually active women ≤24y/o, older women at high risk) - Gonorrhea (sexually active women at high risk) - Syphilis (adults at high risk) - HIV (adults at high risk; all sexually active women♀) ✓**Contraception** (women w/repro capacity) ♀ - All FDA approved methods as prescribed, - Sterilization procedures - Patient education and counseling

Sources: U.S. DHHS, "Recommended Preventive Services." Available at http://www.healthcare.gov/center/regulations/prevention/recommendations.html.
More information about each of the services in this table, including details on periodicity, risk factors, and specific test and procedures are available at the following websites:
USPSTF: http://www.uspreventiveservicestaskforce.org/recommendations.htm
ACIP: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#comp HRSA Women's Preventive Services: http://www.hrsa.gov/womensguidelines/

Preventive Services for Women

- **FDA approved contraceptive methods, sterilization, patient education and counseling***
- **Annual Well Women visit that includes preconception, prenatal care, counseling, preventive tests***
- **Breastfeeding counseling by trained staff and free rental of breast pumps***
- **Screening and counseling for intimate partner violence***
- Gestational diabetes screening for pregnant women between 24 and 28 weeks and at first prenatal visit for high risk women.
- Sexually transmitted infections counseling annually for all sexually active women
- HIV screening annually for all sexually active women.
- HPV (DNA) testing for women over 30 yrs ever 3 yrs.

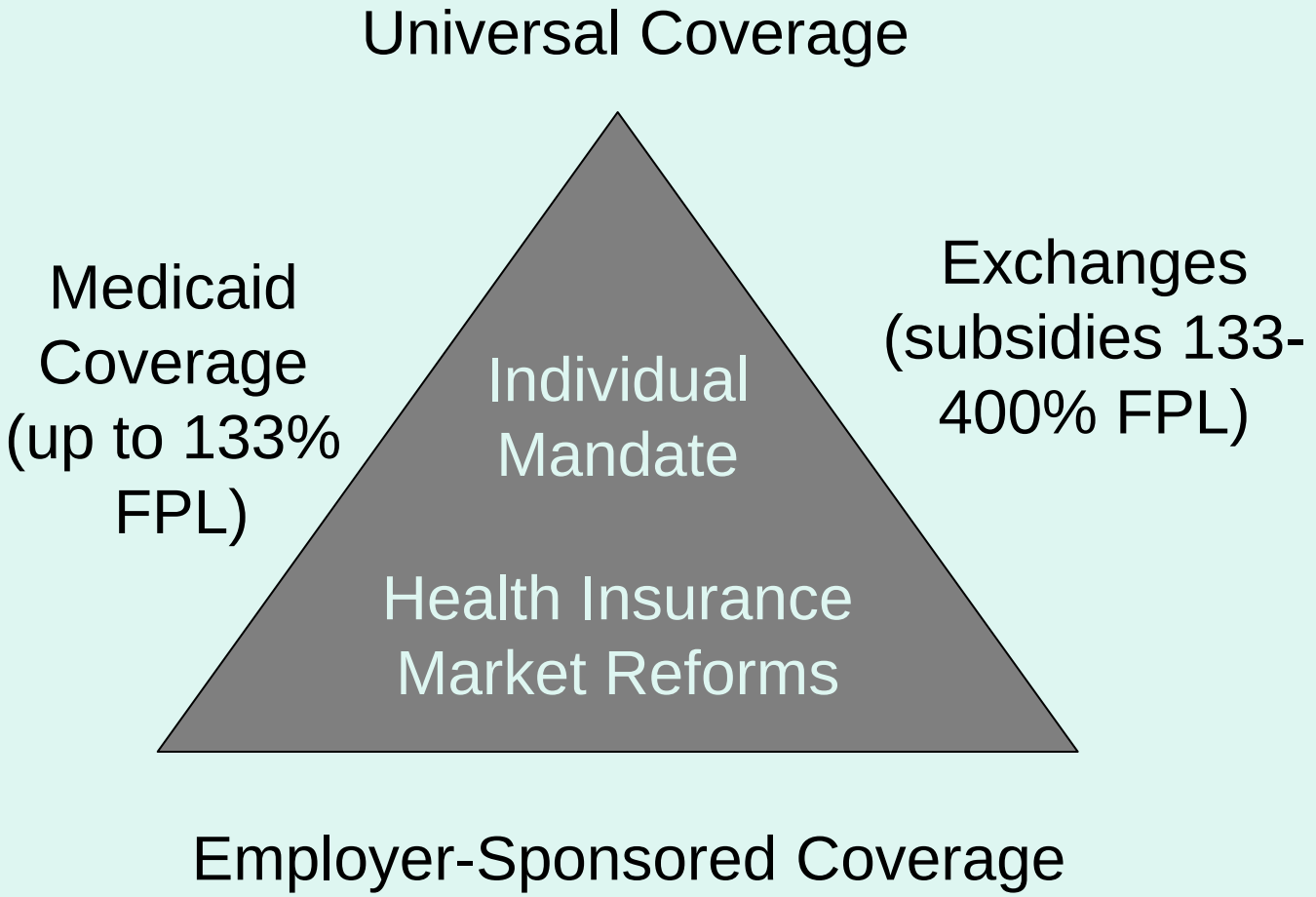
Exhibit 8. Timeline for Health Reform Implementation: Coverage Provisions



Source: National Association of Insurance Commissioners; Commonwealth Fund Health Reform Resource Center: What's in the Affordable Care Act? (PL 111–148 and 111–152), http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx.

Affordability

Promoting Health Coverage



Insurance Expansion

Medicaid

<133% FPL

1 person
<$14,404

4 people
<$29,327

Exchange

(with differing levels of subsidies)

133-400% FPL

1 person
14,404-$43,320

4 people
$29,327-$88,200

Personal

>400% FPL

1 person
>$43,320

4 people
>$88,200

Small Business Tax Credit

- Small business >50-100 employees are eligible for tax credits for providing health insurance to employees
- Small business tax credit is only available if providing insurance coverage through the Exchange.

Coverage Levels

- **Platinum** covers essential benefits and up to 90% of medical expenditures
- **Gold** covers essential benefits and up to 80% of medical expenditures
- **Silver** covers essential benefits and up to 70% of medical expenditures
- **Bronze** covers essential benefits and up to 60% of medical expenditures

Costs

Out of pocket costs for all plans is limited to:

- $5,950 for individual
- $11,900 for family

Catastrophic plans (high deductible plan)

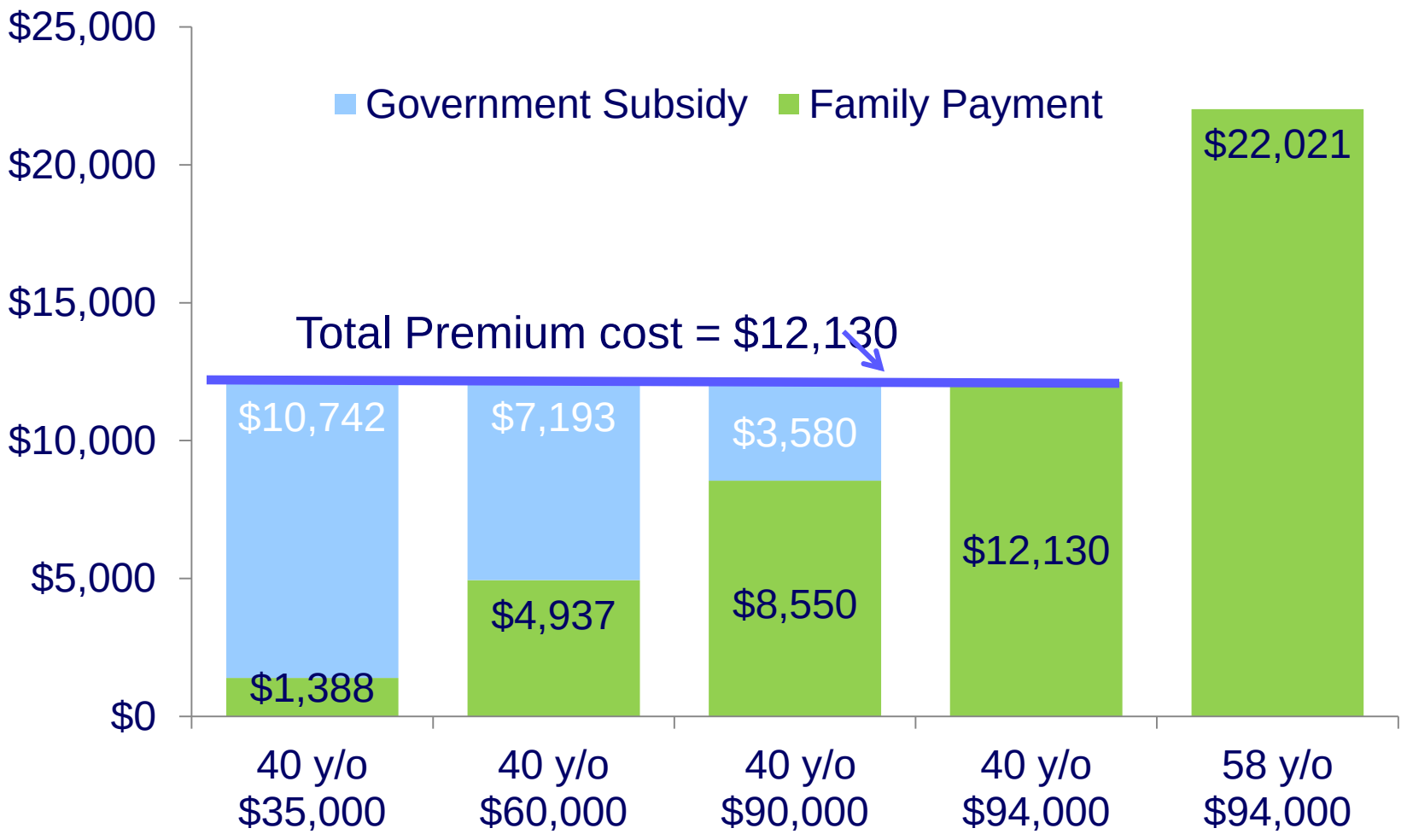
- >30 yrs unable to purchase coverage for equivalent to 8% of income
- Includes essential benefits, 3 primary care visits per year without co-pay.

Affordability

- Affordability is accomplished through a combination of caps on premiums and premium subsidies:
- Income just above133%FPL will have premiums caps at 3% of their income.
- Income 300%FPL to 400%FPL premium cap will rise gradually to 9.5% of income.

Figure 16

Household Spending on Family Premium Will Depend on Income and Age



Source: *Kaiser Health Reform Subsidy Calculator,* 2011.

How Health Reform is Changing Benefits

Benefits Policy Shift

How Health Reform is changing the way benefits are determined:

- Evidence based benefits replaces Legislatively mandated benefits
- Value based purchasing evaluates what benefits are valuable or not valuable.
- This is a major shift from legislature to Public Health

Impact on Women's Health

- Women's health research is under-funded, thus many areas of women's health are not evidence based and could be eliminated under value based purchasing
- Major gaps in evidence based services remain for women
- Quality measures under value based purchasing must be gender-based to accurately assess quality of women's health services.

Points of Influence

Points of Influence

Exchange interpretation of essential benefits

- Does it follow CPSP model for prenatal care?
- Will abortion services be included?

Medi-Cal Expansion—Exchange or Basic Health Plan?

How will health plans and doctors implement new benefits for women?

How will new breastfeeding services and requirements be implemented by hospitals?

Points of Influence

- What is Your Role in Implementation?
- What is WIC's role?

Contact Information

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